



200 James Street Lakewood, NJ 08701

**ACCOUNT FORM FOR CASH CUSTOMERS**

FAX TO CREDIT DEPARTMENT: 732-901-8903

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

INDIVIDUAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

JOB ADDRESS (optional): \_\_\_\_\_

SALES REP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE PROVIDER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

D/L#/STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

**CREDIT CARD AUTHORIZATION (Only Credit Cards - Debit Cards not allowed)**

I, \_\_\_\_\_, from  
Print Name  
 \_\_\_\_\_ do authorize  
Print Company Name (if applicable)

Woodhaven Lumber & Millwork to charge my credit card for all purchases made on my account.  
 Type (circle one):    AMEX                  Discover                  Visa                  MasterCard

Number: \_\_\_\_\_

Exp Date: \_\_\_/\_\_\_/\_\_\_                                  Security Code: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Billing Zip \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**PLEASE PRINT LEGIBLY  
 ATTACH A COPY OF CARDHOLDER'S DRIVER'S LICENSE AND CREDIT CARD  
 THANK YOU**